

MOCAP District Registration Form

DISTRICT		
District Name:		
Mailing Address:		
BILLING CONTACT:		
Name:		
Title:		
Email (will be used for Invoice	cing)	
Phone Number:	Fa.	k Number:
Academy. District and Greenway terminations. Greenways Acader Greenways Academy will invoice Greenways Academy MOCAP con	rs Academy are responsible to my's notice email address is a e District at the end of every a urses. Registration details wi	ice by the student, District or Greenways o notify the other party of any registration mocap@greenwaysacademy.com. month for all students registered by District in libe included with the invoice. Terms for enways Academy to suspend or terminate student
stay in the program. Monthly pro reporting student's grade for wo	ogress reports will be issued ork completed to date and pe	progress in each course each month in order to by Greenways Academy teachers to the District, rcentage of course completed to date. udent's completion of the course.
District signature below indicates mocapbilling@greenwaysacaden	•	rms. Forward completed and signed form to
	 Title	 Date Signed